COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 12, POLICY 003

ICC, IHBS, AND TBS CHILDREN'S SERVICES

POLICY NUMBER:	5-12-003
SYSTEM OF CARE:	MENTAL HEALTH
FINALIZED DATE:	03.18.2021
EFFECTIVE:	07.01.2020
SUPERSEDES # :	Supersedes Policy #'s: 5-12-006 TBS Request and Referral Process Executed 5-12-005 Therapeutic Behavioral Services (TBS) Service Documentation Executed 5-12-001 Therapeutic Behavioral Services (TBS) Executed 5-12-002 Therapeutic Behavioral Services Notifications Executed PP 602 TBS - Notification (2-1-12) PP 604 TBS - Authorization (2-1-12) PP 606 TBS Request and Referral Process (2-1-12) PP 605 TBS-Service Documentation (Assessment, Client Plan and Other Documentation) (10-23-08) PP 601 Therapeutic Behavioral Services (TBS) (10-23-08) PP 307 Beneficiary Protection (Conlan v. Bonta [2002]) (10-16-08) Katie A Determination 092517

A. PURPOSE: To establish a uniform policy to ensure the provision of appropriate, timely and medically necessary access to Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS) and Therapeutic Behavioral Services (TBS) for beneficiaries of Yolo County Health and Human Services Agency (HHSA) Behavioral Health (BH) and Network Providers consistent with state and federal requirements.

B. RELATED DOCUMENTS: N/A

C. DEFINITIONS:

1. **Intensive Care Coordination (ICC):** A targeted case management service that facilitates assessment of, care planning for, and coordination of services to beneficiaries under age 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for this service.

2. **Intensive Home-Based Services (IHBS):** Individualized, strength-based interventions designed to correct or ameliorate mental health conditions that interfere with a child or youth's functioning and are aimed at helping the child or youth build skills necessary for successful functioning in the home and community, and improving the child or youth's family's ability to help the child or youth successfully function in the home and community.

3. **Therapeutic Behavioral Services (TBS)**: Intensive, individualized, short-term outpatient treatment interventions for beneficiaries up to age 21 with full scope Medi-Cal. Individuals receiving these services have serious emotional disturbances, are experiencing stressful transitions or life crises, and need additional short-term, specific support services to achieve outcomes specified in their client plans.

4. **Mental Health Plan:** Yolo County HHSA BH

5. **Network Providers**: Any provider, group of providers, or entity that has a network provider agreement with Yolo County HHSA BH and receives Medicaid funding directly or indirectly to order, refer or render covered services as a result of the contract (Title 42 Code of Federal Regulations [42 CFR] § 438.2)

6. **The Integrated Core Practice Model (ICPM):** builds on the foundation of the Core Practice Model and is a set of practices and principles that provide practical guidance and direction to the delivery of timely, effective, and collaborative services to children/youth and their families. The ICPM sets specific expectations for practice behaviors for staff involved in direct services to children/youth and their families, as well as for supervisory and leadership staff.

7. **ICC Coordinator:** Any staff member who has been designated as the single point of accountability and that meets the duties of an ICC Coordinator, regardless of job title.

8. **Specialty Mental Health Services (SMHS):** as defined by the MHP Contract between Yolo County HHSA BH and the California Department of Health Care Services (DHCS).

9. **Child and Family Teams (CFT):** a group of individuals that includes the child or youth, family members, professionals, natural community supports, and other individuals identified by the family who are invested in the child, youth, and family's success. The CFT shares responsibility to assess, plan, intervene, monitor and refine services and supports over time. The CFT process allows members of the team to discuss behavioral issues to provide meaningful opportunities for children, youth and families, and for those who provide them with physical or emotional support, to participate in the development and implementation of their individualized case or treatment plans that are designed to meet

their needs. CFTs promote collaboration and cooperation among child-serving individuals and agencies. By sharing decision-making and working together, professionals and children, youth and families can work towards positive outcomes.

D. POLICY: It is the policy of the MHP to provide Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS) and Therapeutic Behavioral Services (TBS) to all children and youth who are under the age of 21 and are eligible for the full scope of Medi-Cal services, and who meet medical necessity criteria for those services.

1. General Provisions:

a. The MHP shall maintain and monitor a network of appropriate providers that is supported by written agreements and is sufficient to provide access to ICC, IHBS and TBS services for all eligible beneficiaries, including those with limited English proficiency. (42 C.F.R. § 438.206(b)(1).)

b. The MHP shall hold the responsibility to determine if children and youth who meet medical necessity criteria need ICC and IHBS. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home-Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018). Prior authorization or MHP referral shall be required for IHBS and TBS services, and prior authorization will not be required for ICC. Individualized determinations shall be made for each child's/youth's need for ICC and IHBS, based on the child's/youth's strengths and needs. (Medi-Cal Manual for ICC, IHBS, and TFC Services for Medi- Cal Beneficiaries, 3rd Edition, January 2018).

c. Prior authorization shall be in accordance with state, federal, and Yolo County HHSA BH authorization of SMHS. (MHSUDS IN 19-026).

d. The MHP and network provider shall adhere to notice of adverse benefit determination requirements in accordance with state, federal and MHP regulations and policy and procedures.

e. Membership in the Katie A. subclass is not a prerequisite to receiving ICC and IHBS. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

f. ICC, IHBS and TBS service components and documentation requirements shall be consistent with the most recent version of the Medi-Cal Manual for ICC, IHBS and TFC for Medi-Cal Beneficiaries, Yolo County Mental Health Clinical Documentation Standards Manual, and the MHP's policies and procedures.

g. Network providers shall consult their executed contracts with the MHP for any requirements that are in addition to those listed in this policy.

2. Katie A Settlement Agreement: As a result of the settlement agreement in Katie A. v. Bontá (filed on July 18, 2002, settlement agreement reached in December 2011) the State of California agreed to take a series of actions that transformed the way California children and

youth who are in foster care, or who are at imminent risk of foster care placement, and receive access to mental health services, and/or assistance with behavioral needs. The settlement specifically changed the way a defined group of children and youth with the most intensive needs, referred to as "Katie A. subclass members", are assessed for mental health services. The Settlement Agreement had the following objectives:

a. Facilitate the provision of an array of services delivered in a coordinated, comprehensive, community-based fashion that combines service access, planning, delivery, and transition into a coherent and all-inclusive approach;

b. Support the development and delivery of a service structure and a fiscal system that supports a core practices and services model;

c. Support an effective and sustainable solution, that will involve standards and methods to achieve quality-based oversight, along with training and education that support the practice and fiscal models;

d. Address the need for children and youth with more intensive needs to receive medically necessary mental health services in the child's or youth's own home, a family setting, or the most homelike setting appropriate to the child's or youth's needs, in order to facilitate reunification, and to meet the child's or youth's needs for safety, permanence, and well-being;

e. Utilize the principles outlined in the Core Practice Model (this model was updated and is now called the Integrated Core Practice Model) principles and components, including:
    i. A strong engagement with, and participation of, the child or youth and the family;
    ii. Focus on the identification of child or youth and family needs and strengths when assessing and planning services;
    iii. Teaming across formal and informal support systems; and
    iv. Use of Child and Family Teams (CFTs) to identify strengths and needs, make plans and track progress, and provide Intensive Home Based Services (IHBS);
    v. Assist, support, and encourage each eligible child or youth to achieve and maintain the highest possible level of health, well-being, and self-sufficiency;
    vi. Reduce timelines to permanency and lengths of stay within the child welfare system; and
    vii. Reduce reliance on congregate care.

f. Membership in the Katie A. subclass is not a prerequisite to receiving ICC and IHBS. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

E. PROCEDURE:

1. **ICC Services:** ICC services are provided through the principles of the ICPM, including the establishment of the CFT to ensure facilitation of a collaborative relationship among a youth, his/her family and involved child-serving systems.
    a. ICC service components include the following:
        i. Planning and assessment of strengths and needs
        ii. Reassessment of strengths and needs
        iii. Referral, monitoring and follow up activities
        iv. Transition

    b. ICC shall have an established ICC Coordinator, as appropriate, who serves as the single point of accountability. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018).

    c. The ICC Coordinator serves as the single point of accountability to:
        i. Ensure that medically necessary services are accessed, coordinated and delivered in a strength-based, individualized, family/youth driven and culturally and linguistically relevant manner, and that services and supports are guided by family voice and choice and the needs of the child/youth;
        ii. Ensure medically necessary mental health services included in the child's/youth's plan are effectively and comprehensively assessed, coordinated, delivered, transitioned, and/or reassessed, as necessary, in a way that is consistent with the full intent of the ICPM;
        iii. Facilitate of a collaborative relationship among the child/youth, his/her family and systems involved in providing services to the child/youth;
        iv. Provide support and validation to gain trust to develop and maintain a constructive and collaborative relationship among the child or youth, his/her family, and involved child-serving systems;
        v. Support the parent/caregiver in meeting their child/youth's needs;
        vi. Ensure services are provided that equip the parent/caregiver to meet the child's/youth's mental health treatment and care coordination needs, as described in the child's/ youth's plan;
        vii. Help establish the CFT and providing ongoing support; and
        viii. Provide care planning and monitoring to ensure that the plan is aligned with, and coordinated across, the mental health and child/youth-serving systems, to allow the child/youth to be served in his/her community, in the least restrictive setting possible.

2. **IHBS Services:** IHBS services are provided according to an individualized treatment plan developed in accordance with the Integrated Core Practice Model (ICPM) by the Child and Family Team (CFT), in coordination with the family's overall service plan.

    IHBS service activities include, but are not limited to:

a. Medically necessary, skill-based interventions for the remediation of behaviors or improvement of symptoms, including, but not limited to, the implementation of a positive behavioral plan, and/or modeling interventions for the child's/youth's family and/or significant others, to assist them in implementing the strategies;

b. Development of functional skills to improve self-care, self-regulation, or other functional impairments, by intervening to decrease or replace non-functional behavior that interferes with daily living tasks, or to avoid exploitation by others;

c. Development of skills or replacement behaviors that allow the child or youth to fully participate in the CFT and service plans, including, but not limited to, the client plan and/or child welfare service plan;

d. Improvement of self-management of symptoms, including self-administration of medications, as appropriate;

e. Education of the child/youth and/or his/her family or caregiver(s) about, and how to manage, the child's/youth's mental health disorder or symptoms;

f. Support of the development, maintenance, and use of social networks, including the use of natural and community resources;

g. Support to address behaviors that interfere with the achievement of a stable and permanent family life;

h. Support to address behaviors that interfere with seeking and maintaining a job;

i. Support to address behaviors that interfere with a child's or youth's success in achieving educational objectives in a community academic program; and

j. Support to address behaviors that interfere with transitional independent living objectives, such as seeking and maintaining housing and living independently.

3. **Target Population:** The following criteria should be considered as indicators of need for ICC and IHBS, and are intended to be used to identify children and youth who should be assessed for whether ICC and/or IHBS are medically necessary. Thus, ICC and IHBS are very likely to be medically necessary for children and youth who meet the following criteria. These criteria are not requirements or conditions, but are provided as guidance, in identifying children and youth who need ICC and IHBS. ICC and IHBS are very likely to be medically necessary for children and youth who:
    a. Are receiving, or being considered for, Wraparound;

    b. Are receiving, or being considered for, a specialized care rate due to behavioral health needs;

    c. Are being considered for other intensive SMHS, including, but not limited to, TBS, or are receiving crisis stabilization/intervention services;

d. Are currently in, or being considered for, high-level-care institutional settings, such as group homes or Short-Term Residential Therapeutic Programs (STRTPs);

e. Have been discharged within 90 days from, or currently reside in, or are being considered for placement in, a psychiatric hospital or 24-hour mental health treatment facility [e.g. psychiatric inpatient hospital, psychiatric health facility (PHF), community treatment facility, etc.];

f. Have experienced two or more mental health hospitalizations in the last 12 months;

g. Have experienced two or more placement changes, within 24 months, due to behavioral health needs;

h. Have been treated with two or more antipsychotic medications, at the same time, over a three-month period [Healthcare Effectiveness Data Information Set (HEDIS) Specification for Antipsychotics in Children and Adolescents (APC)]; If the child:
    i. is zero through five years old and has more than one psychotropic medication, and has more than one mental health diagnosis,
    ii. is six through 11 years old and has more than two psychotropic medications, and has more than two mental health diagnoses or
    iii. is 12 through 17 years old and has more than three psychotropic medications, and has more than three mental health diagnoses;

i. Have two or more emergency room visits in the last 6 months due to primary mental health condition or need, including, but not limited to, involuntary treatment under California Welfare and Institutions (W &I) Code section 5585.50;

j. Have been detained, pursuant to W&I sections 601 and 602, primarily due to mental health needs; or

k. Have received SMHS within the last year, and have been reported homeless within the prior six months.

4. **CFT Requirements**: The CFT is comprised of both formal supports and natural supports who work together to develop and implement the client plan and who are responsible for supporting the child/youth and family in attaining their goals.
    a. The MHP shall convene a CFT for children and youth who are receiving ICC or IHBS, but who are not involved in the child welfare or juvenile probation systems. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018);

    b. The CFT composition always, as appropriate, shall include a representative of the MHP and/or a representative from the mental health treatment team. (Medi- Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

c. The ICC Coordinator and the CFT shall reassesses the strengths and needs of children and youth, and their families, at least every 90 days, and as needed. (Medi-Cal Manual for ICC, IHBS, and TFC Services for Medi- Cal Beneficiaries, 3rd Edition, January 2018; MHSUDS IN No. 18-007)

d. Each participating provider in a CFT meeting may claim for the time they have contributed to the CFT meeting, up to the length of the meeting, plus documentation and travel time, in accordance with CCR, tit. 9, § 1840.316(b)(3). (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018; MHSUDS IN No. 18-017);

e. Other requirements or amendments, as set by DHCS Medi-Cal Manual for ICC, IHBS, and TFC Services for Medi- Cal Beneficiaries, 3rd Edition, January 2018 or the DHCS Medi-Cal Billing manual.

5. **TBS Services:** TBS services are one-to-one behavioral mental health service available to children/youth with serious emotional challenges who are under age 21 and who are eligible for a full array of Medi-Cal benefits without restrictions or limitations (full scope Medi-Cal). TBS can help children/youth and parents/caregivers, foster parents, group home staff, and school staff learn new ways of reducing and managing challenging behaviors as well as strategies and skills to increase the kinds of behavior that will allow children/youth to be successful in their current environment.

TBS are designed to help children/youth and parents/caregivers (when available) manage these behaviors utilizing short-term, measurable goals based on the needs of the child/youth and family. TBS are never a stand-alone therapeutic intervention. It is used in conjunction with another mental health service.

a. Criteria for TBS Eligibility: The MHP determines the need for TBS based upon the following criteria:
    i. TBS services shall be provided for beneficiaries who are:
    ii. Under 21;
    iii. In California;
    iv. Eligible for the full scope of Medi-Cal services;
    v. Must be a member of certified class by meeting one of the following criteria:
        a. Placed in a Rate Classification Level (RCL) facility of 12 or above and/or a locked treatment facility for the treatment of mental health needs, or;
        b. Has undergone at least one emergency psychiatric hospitalization related to their current presenting disability within the preceding 24 months, or;
        c. Is being considered for placement in a group home facility, RCL 12 or above and/or a locked treatment facility, or
        d. Previously received TBS while a member of the certified class;
    vi. The child/youth is receiving other specialty mental health services; and
    vii. The clinical judgment of the mental health provider indicates that it is highly likely that without the additional short-term support of TBS that:

a. The child/youth will need to be placed out-of-home, or into a higher level of residential care, including acute care, because of the child/youth's behaviors or symptoms which jeopardize continued placement in the current facility; or
b. The child/youth needs this additional support to transition to a home or foster home or lower level of residential placement. Although the child/youth may be stable in the current placement, a change in behavior or symptoms is expected and TBS are needed to stabilize the child/youth in the new environment. The MHP or its provider must document the basis for the expectation that the behavior or symptoms will change.

b. The following are billable TBS (Service Function Code 58) services:
    i. TBS INTERVENTION: A TBS intervention is defined as an individualized one-to-one behavioral assistance intervention to accomplish outcomes specifically outlined in the written TBS treatment plan. A TBS intervention can be provided either through face-to-face interaction or by telephone; however, a significant component of this service activity is having the staff person on-site and immediately available to intervene for a specified period of time.
    ii. TBS COLLATERAL: A TBS collateral service activity is an activity provided to significant support persons in the child/youth's life, rather than to the child/youth. The documentation of collateral service activities must indicate clearly that the overall goal of collateral service activities is to help improve, maintain, and restore the child/youth's mental health status through interaction with the significant support person. (NOTE: Not all contacts with a significant support person will qualify as a TBS Collateral contact; it is important to distinguish TBS Collateral contacts from Case Management service contacts.)
    iii. TBS ASSESSMENT: A TBS assessment service activity is an activity conducted by a provider to assess a child/youth's current problem presentation, maladaptive at risk behaviors that require TBS, member class inclusion criteria, and clinical need for TBS services. Periodic re-assessments for continued medical necessity and clinical need for TBS should also be recorded under this service function.
    iv. TBS PLANS: TBS Plans of Care/Client Plan service activities include the preparation and development of a TBS care plan. Activities that would qualify under this service function code include, but are not limited to:
        a. Preparing Client Plans
        b. Reviewing Client Plan (Reimbursable only if review results in documented modifications to the Client Plan)
        c. Updating Client Plan

c. Conditions under which TBS is not reimbursable include:
    i. Where the need for TBS is solely:
        a. For the convenience of the family, other caregiver, physician, or teacher;

b. To provide supervision or to assure compliance with terms and conditions of probation;
c. To ensure the child/youth physical safety of others, e.g., suicide watch, or
d. To address conditions that are not part of the child/youth mental health condition;
e. For supervision or to assure compliance with terms and conditions of probation.

ii. For children/youth who can sustain non-impulsive self-directed behavior, handle themselves appropriately in social situations with peers, and who are able to appropriately handle transitions during the day;
iii. For children/youth who will never be able to sustain non-impulsive self-directed behavior and engage in appropriate community activities without full-time supervision;
iv. When the beneficiary is an inpatient of a hospital, psychiatric health facility, nursing facility IMD, or crisis residential program.
v. On-Call Time for the staff person providing TBS (note, this is different from "non-treatment" time with staff who are physically "present and available" to provide intervention – only the time spent actually providing the intervention is a billable expense).
vi. The TBS staff provides services to a different child/youth during the time period authorized for TBS.
vii. Transporting a child or youth. (Accompanying a child or youth who is being transported may be reimbursable, depending on the specific, documented, circumstances).
viii. TBS supplants the child or youth's other mental health services provided by other mental health staff.

6. **Claiming Requirements:** Claims shall meet DHCS Mental Health Billing guides and shall include at a minimum:

a. Procedure codes:
   i. T1017 for ICC;
   ii. H2015 for IHBS;
   iii. H2019 for TBS;

b. ICC/IHBS Procedure modifier "HK";

c. Mode of service 15;

d. Service function code:
   i. 07 for ICC;
   ii. 57 for IHBS;
   iii. 58 for TBS;

F. REFERENCES:

1. Katie A. Subclass Criteria Section 5, Chapter 12, Policy 012
2. California Department of Health Care Services (DHCS) webpage on Katie A Settlement Agreement Implementation: https://www.dhcs.ca.gov/services/MH/Pages/Court_Documentation.aspx
3. Medi-Cal Manual for Intensive Care Coordination Intensive Home-Based Services and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.
4. Integrated Core Practices Model Guide for Children, Youth and Families
5. Therapeutic Behavioral Health (TBS) Documentation Manual, October 2009
6. Mental Health Plan Contract between HHSA-BH and DHCS
7. DHCS MHSUDS Information Notice NO.: 16-004
8. Department of Mental Health Information Notice NO.: 08-38

Approved by:

3/22/2021

Karen Larsen, Director **Date**
Yolo County Health and Human Services Agency